

Owner's Certification of Compliance with HUD's Tenant Eligibility and Rent Procedures

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

COPY
NOT for Submission to the Federal Government
and is Official Record of Certification

OMB Approval Number 2502-0204

Section A. Acknowledgements

Read this before you complete and sign this form HUD-50059

Public Reporting Burden. The reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (2502-0204), Washington, DC 20503. The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Authority (PHA) may conduct a computer match to verify the information you provide. This information may be released in accordance with HUD's Computer Matching Agreement (CMA) between the Social Security Administration and the Department of Health and Human Services. You must provide all of the information requested, including the Social Security Numbers (SSNs), unless exempted by 24 CFR 5.216, you, and all other household members, have and use. Giving the SSNs of all household members, unless exempted by 24 CFR 5.216, is mandatory; not providing the SSNs will affect your eligibility approval. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

Tenant(s) Certification - I/we certify that the information in Sections C, D, and E of this form are true and complete to the best of my/our knowledge and belief. I/we understand that I/we can be fined up to \$10,000, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/we furnish false or incomplete information.

Owner's Certification - I certify that this Tenant's eligibility, rent and assistance payments have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Warning to Owners and Tenants. By signing this form, you are indicating that you have read the above Privacy Act Statement and are agreeing with the applicable Certification.

False Claim Statement. Warning: U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim, or who knowingly makes, or caused to be used, a false record⁵⁰ statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

Certification Summary from Page 2

Name of Project	BRISTOL COURTS	Effective Date 10/01/2024	Certification Type IR - Interim	Anticipated Voucher Date November 2024
Head of Household	JESSICA GARBAGE	Total Tenant Payment \$0	Assistance Payment \$ 992	Rent Rent \$0
Unit Number	Extenuating Circumstances Code			

Tenant Signatures

Head of Household	Date	Other Adult	Date
Spouse / Co-Head	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date
Other Adult	Date	Other Adult	Date

Owner/Agent Signature

Owner/Agent	Date 9-23-24
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Previous versions of this form are obsolete.
This form also replaces HUD-50059-D, -F, & -G.
(Printed by HIA Software - Rev. 2024.03.31) 09/05/2024 8:12 am

Page 1 of 2

Form HUD-50059 (06/2014)
HR 4350.3 Rev 1

Mailing Date: 10/24/2024

000085

JESSICA GARBAGE
PO BOX 444
SUSSEX WI 53089 0444



State of Wisconsin

Case #: 2109866527

Moraine Lakes Consortium

Toll Free Number: 1-888-446-1239

Fax Number: 1-855-293-1822

You can use the fax number above to
send proof or to report changes



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-888-446-1239. These services are free.

About Your Benefits

This letter tells you about your benefits. If you have a question, call the agency above. If you would like to get letters like this online instead of by regular mail, see **Resources and Contact Information** at the end of this letter.

Program	Status	Details
<input checked="" type="checkbox"/> Health Care	Your renewal was completed.	→ See Your Health Care Benefits to learn more.
<input checked="" type="checkbox"/> FoodShare	There are no changes to this benefit.	Your benefits are continuing.

ⓘ See **Reporting Rules** for changes you must report to your agency based on the benefits you get.

If you do not agree with this decision, you have the right to a Fair Hearing. See the last page of this letter, go to dos.wi.gov/RequestAHearing, or contact your agency to learn more.

Who is enrolled in health care benefits

When	Who	Plan	Monthly Premium
As of December 1, 2024	ISABELLA, JESSICA	BadgerCare Plus	No

ISABELLA, JESSICA: You will get the health care benefits shown above until there is a change in your case.

If you need a new ForwardHealth card, call 800-362-3002.

Copay limit information

A copay is a set amount of money that you pay at the time you get a medical service, like for a doctor's visit or prescription. A copay is paid to the clinic, hospital, or pharmacy.

When	Who	Monthly Copay Limit	Reason for Copay Increase
As of December 1, 2024	ISABELLA	No Copay	
As of December 1, 2024	JESSICA	No Copay	

ISABELLA, JESSICA: Your monthly copay limit is set for you based on your income and household size. It is limited by federal law. Your monthly copay limit will stay the same unless you have a change in eligibility or report a change that affects your limit, such as a change in income or the number of people in your home. If your copay limit has gone up, the reason for this is shown next to the amount. For more information, see the Enrollment and Benefits Handbook.

Supporting Laws: 42 CFR 447.56



More Information

BadgerCare Plus

BadgerCare Plus is a full benefit health care plan. It pays for most services you get from Medicaid health care providers. It will also pay for prescription drugs. You may have a small copay for some services and prescription drugs. Federal law limits the amount you can be asked to pay each month for copays. **Copay limit information** shows the maximum amount



GLACIER HILLS CU
2150 S MAIN ST
WEST BEND WI 53095

Page 1 of 2

RETURN SERVICE REQUESTED

**MEMBER'S
STATEMENT OF ACCOUNT**

Phone: 262-338-1888
CU Talk: 800-448-3548
Email: info@glacierhills.com
www.gacierhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
04/01/2024 - 04/30/2024

>02659 7247561 001 092029 55107
JESSICA R GARBAGE 53089
PO BOX 444
SUSSEX WI 53089-0444

Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy at Glacierhills.com. To request via mail call 262-338-1888.

ACCOUNT SUMMARY - Balances as of 04/30/2024

Deposit Accounts

Savings	5.00
Secondary Savings	0.01
Glacier One Checking	29.95

SAVINGS

Account Activity		Amount	Balance
Posted Description			
04/01 PREVIOUS BALANCE			5.00
04/30 NEW SHARE BALANCE			5.00

SECONDARY SAVINGS

Account Activity		Amount	Balance
Posted Description			
04/01 PREVIOUS BALANCE			0.01
04/30 NEW SHARE BALANCE			0.01

GLACIER ONE CHECKING

Account Activity		Amount	Balance
Posted Description			
04/01 PREVIOUS BALANCE			256.92
04/07 DEBIT CARD WITHDRAWAL BURGER KING #119 5814 IL CHICAGO BURGER KING #11967 US		-11.84	245.08
04/07 DEBIT CARD WITHDRAWAL MCDONALD'S F1773 5814 WI SUSSEX MCDONALD'S F17732 US		-4.82	240.26
04/07 DEBIT CARD WITHDRAWAL BURGER KING #266 5814 WI MENOMONEE FAL BURGER KING #26616 US		-16.19	224.07
04/08 DEBIT CARD WITHDRAWAL MCDONALD'S F1773 5814 WI SUSSEX MCDONALD'S F17732 US		-9.44	214.63
04/08 DEBIT CARD WITHDRAWAL BURGER KING #266 5814 WI MENOMONEE FAL BURGER KING #26616 US		-17.18	197.45
04/08 DEBIT CARD WITHDRAWAL TARGET T-0863 5310		-52.19	145.26

02659 7247561 003360 006018 00001/00003 45107



GLACIER HILLS CU
2150 S MAIN ST
WEST BEND WI 53095

Page 2 of 2

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**MEMBER'S
STATEMENT OF ACCOUNT**

Phone: 262-338-1888
CU Talk: 800-448-3548
Email: info@glacierhills.com
www.gacierhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
04/01/2024 - 04/30/2024

JESSICA R GARBADE
PO BOX 444
SUSSEX WI 53089-0444

53082

GLACIER ONE CHECKING, continued

Account Activity

Posted Description	Amount	Balance
WI Menomonee Fal TARGET T-0863 US		
04/09 DEBIT CARD WITHDRAWAL MCDONALD'S F1773 5814	-12.11	133.15
WI SUSSEX MCDONALD'S F17732 US		
04/09 DEBIT CARD WITHDRAWAL STARBUCKS STORE 5814	-10.33	122.82
WI GERMANTOWN STARBUCKS STORE 026US		
04/09 DEBIT CARD WITHDRAWAL KING'S WOK 5812	-25.46	97.36
WI PEWAUKEE KING'S WOK US		
04/10 DEBIT CARD WITHDRAWAL STARBUCKS STORE 5814	-10.28	87.08
WI SUSSEX STARBUCKS STORE 109US		
04/12 DEBIT CARD WITHDRAWAL MCDONALD'S F2435 5814	-9.44	77.64
WI PEWAUKEE MCDONALD'S F24362 US		
04/12 DEBIT CARD WITHDRAWAL STARBUCKS 02632 5814	-11.62	66.02
WI MENOMONEE FAL STARBUCKS 02632 US		
04/12 DEBIT CARD WITHDRAWAL STARBUCKS STORE 5814	-2.39	63.63
WI GERMANTOWN STARBUCKS STORE 026US		
04/18 DEBIT CARD WITHDRAWAL SPRINKLES #507 5462	-33.68	29.95
IL ORDERSPRINKL SPRINKLES #507 US		
04/30 NEW SHARE BALANCE		29.95

	TOTAL FOR PERIOD	TOTAL YTD
TOTAL OVERDRAFT FEES	0.00	87.00
TOTAL RETURNED ITEM FEES	0.00	0.00

FEE ADJUSTMENTS MAY BE REFLECTED IN TOTALS

***** 2024 YEAR-TO-DATE FINANCIAL SUMMARY *****

DIV/INT PAID	DIV/INT WITHHOLDING	MORTGAGE POINTS	MORTGAGE LATE CHG	MORTGAGE FINANCE CHG	OTHER NON-MTG FINANCE CHG
0.00	0.00	0.00	0.00	0.00	0.00

03032 7247261 2021261 0060370 00003/00003 - 05/197



GLACIER HILLS CU
2150 S MAIN ST
WEST BEND WI 53095

RETURN SERVICE REQUESTED

>02623 7681658 001 092029 55107
JESSICA R GARBAGE
PO BOX 444
SUSSEX WI 53089-0444

53089

**MEMBER'S
STATEMENT OF ACCOUNT**

Phone: 262-338-1888
CU Talk: 800-448-3948
Email: info@glacierhills.com
www.glaicerhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
05/01/2024 - 05/31/2024

Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy at Glacierhills.com. To request via mail call 262-338-1888.

ACCOUNT SUMMARY - Balances as of 05/31/2024

Deposit Accounts	
Savings	5.00
Secondary Savings	0.01
Glacier One Checking	2.31

SAVINGS

Account Activity

Posted Description	Amount	Balance
05/01 PREVIOUS BALANCE		5.00
05/31 NEW SHARE BALANCE		5.00

SECONDARY SAVINGS

Account Activity

Posted Description	Amount	Balance
05/01 PREVIOUS BALANCE		0.01
05/31 NEW SHARE BALANCE		0.01

GLACIER ONE CHECKING

Account Activity

Posted Description	Amount	Balance
05/01 PREVIOUS BALANCE		29.95
05/07 DEBIT CARD DEPOSIT IL ORDER SPRINKL SPRINKLES #507 US	33.68	63.63
05/08 DEBIT CARD WITHDRAWAL DD/BR #359935 5814 WI SUSSEX DD/BR #359935 US	-28.60	35.03
05/08 DEBIT CARD WITHDRAWAL STARBUCKS STORE 5814 WI SUSSEX STARBUCKS STORE 109US	-13.63	21.40
05/09 DEBIT CARD WITHDRAWAL MCDONALD'S F2788 5814 WI MENOMONEE FAL MCDONALD'S F27882 US	-6.07	15.33
05/09 DEBIT CARD WITHDRAWAL KWIK TRIP #892 5541 WI MENOMONEE FAL KWIK TRIP #892 US	-3.55	11.78
05/10 DEBIT CARD WITHDRAWAL STARBUCKS STORE 5814	-0.47	2.31

02623 7681658 003217 005929 00001/00003 05/107



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2150 S MAIN ST
WEST BEND WI 53095

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www.glaicerhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
05/01/2024 - 05/31/2024

JESSICA R GARBADE
PO BOX 444

53099

GLACIER ONE CHECKING, continued

Account Activity

Posted Description	Amount	Balance
WI SUSSEX STARBUCKS STORE 109US		
05/31 NEW SHARE BALANCE		2.31
	TOTAL FOR PERIOD	TOTAL YTD
TOTAL OVERDRAFT FEES	0.00	87.00
TOTAL RETURNED ITEM FEES	0.00	0.00

FEES ADJUSTMENTS MAY BE REFLECTED IN TOTALS

***** 2024 YEAR-TO-DATE FINANCIAL SUMMARY *****

DIV/INT PAID	DIV/INT WITHHOLDING	MORTGAGE POINTS	MORTGAGE LATE CHG	MORTGAGE FINANCE CHG	OTHER NON-MTG FINANCE CHG
0.00	0.00	0.00	0.00	0.00	0.00

00002 7501626 000010 000001 0000000000 000107



GLACIER HILLS CU
2150 S MAIN ST
WEST BEND WI 53095

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MEMBER'S
STATEMENT OF ACCOUNT

Page 1 of 2

Phone: 262-338-1888
CU Talk: 800-448-3543
Email: info@glacierhills.com
www.gacierhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
06/01/2024 - 06/30/2024

>03852 3097232 001 092029 55107
JESSICA R GARBAGE
PO BOX 444
SUSSEX WI 53089-0444

53089

Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy at Glacierhills.com. To request via mail call 262-338-1888.

ACCOUNT SUMMARY - Balances as of 06/30/2024

Deposit Accounts

Savings	5.00
Secondary Savings	0.01
Glacier One Checking	2.31

SAVINGS

Account Activity

Posted Description	Amount	Balance
06/01 PREVIOUS BALANCE		5.00
06/30 NEW SHARE BALANCE		5.00

SECONDARY SAVINGS

Account Activity

Posted Description	Amount	Balance
06/01 PREVIOUS BALANCE		0.01
06/30 NEW SHARE BALANCE		0.01

GLACIER ONE CHECKING

Account Activity

Posted Description	Amount	Balance
06/01 PREVIOUS BALANCE		2.31
06/30 NEW SHARE BALANCE		2.31

	TOTAL FOR PERIOD	TOTAL YTD
TOTAL OVERDRAFT FEES	0.00	87.00
TOTAL RETURNED ITEM FEES	0.00	0.00

FEE ADJUSTMENTS MAY BE REFLECTED IN TOTALS

03852 3097232 004573 006424 00001/00003 v55107



GLACIER HILLS CU
2150 S MAIN ST
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Page 2 of 2

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**MEMBER'S
STATEMENT OF ACCOUNT**

Phone: 262-338-1888
CU Talk: 800-448-3548
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www.gacierhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
06/01/2024 - 06/30/2024

JESSICA R. GARBAGE

PO BOX 444
SUSSEX WI 53089-0444

53089

***** 2024 YEAR-TO-DATE FINANCIAL SUMMARY *****

DIV/INT PAID	DIV/INT WITHHOLDING	MORTGAGE POINTS	MORTGAGE LATE CHG	MORTGAGE FINANCE CHG	OTHER NON-MTG FINANCE CHG
0.00	0.00	0.00	0.00	0.00	0.00

03852 3097232 004574 008426 00002/00003 455107



GLACIER HILLS CU
2150 S MAIN ST
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**MEMBER'S
STATEMENT OF ACCOUNT**

Phone: 262-336-1888
CU Talc 800-448-3948
Email: info@glacierhills.com
www.glaicerhills.com

MEMBER NUMBER
XXX6 480

STATEMENT PERIOD
07/01/2024 - 07/31/2024

>02610 3522955 001 092029 55107
JESSICA R GARBAGE
PO BOX 444
SUSSEX WI 53089-0444 53089

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ACCOUNT SUMMARY - Balances as of 07/31/2024

Deposit Accounts

Savings	5.00
Secondary Savings	0.01
Glacier One Checking	2.31

SAVINGS

Account Activity

Posted Description	Amount	Balance
07/01 PREVIOUS BALANCE		5.00
07/31 NEW SHARE BALANCE		5.00

SECONDARY SAVINGS

Account Activity

Posted Description	Amount	Balance
07/01 PREVIOUS BALANCE		0.01
07/31 NEW SHARE BALANCE		0.01

GLACIER ONE CHECKING

Account Activity

Posted Description	Amount	Balance
07/01 PREVIOUS BALANCE		2.31
07/31 NEW SHARE BALANCE		2.31

	TOTAL FOR PERIOD	TOTAL YTD
TOTAL OVERDRAFT FEES	0.00	87.00
TOTAL RETURNED ITEM FEES	0.00	0.00

FEE ADJUSTMENTS MAY BE REFLECTED IN TOTALS

02610 3522955 000296 005895 00001/00003 c55107



GLACIER HILLS CU
2150 S MAIN ST
WEST BEND WI 53095

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STATEMENT PERIOD
07/01/2024 - 07/31/2024

JESSICA R GARBAGE

PO BOX 444
SUSSEX WI 53089-0444

53089

***** 2024 YEAR-TO-DATE FINANCIAL SUMMARY *****

DIV/INT PAID	DIV/INT WITHHOLDING	MORTGAGE POINTS	MORTGAGE LATE CHG	MORTGAGE FINANCE CHG	OTHER NON-MTG FINANCE CHG
0.00	0.00	0.00	0.00	0.00	0.00

63510 3522956 003287 006897 00002/00003 455107